COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PERIPHERAL INTERLOCKS FOR STATOR CORES, (Docket No. 03-DV-7050)** the specification of which:

(check one)   [✓]   is attached hereto

                      [ ]   was filed on _____ as Application Serial No. _____,

                                 and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Serial No.   Filing Date   Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

I hereby appoint Ronald E. Myrick, Reg. No. 26,315; Henry J. Policinski, Reg. No. 26,621; Jay L. Chaskin, Reg. No. 24,030; Henry I. Steckler, Reg. No. 24,139; and James W. Mitchell, Reg. No. 25602, all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431; Carl B. Horton, Reg. No. 34,622; Damian G. Wasserbauer, Reg. No. 34,749; and Dave S. Christensen, Reg. No. 40,955, all of General Electric Company, 41 Woodford Avenue, Plainville, CT 06062; and John S. Beulick, Reg. No. 33,338 and Patrick W. Rasche, Reg. No. 37,916, all of Armstrong Teasdale LLP, One Metropolitan Square, Suite 2600, St. Louis, MO 63102, jointly, and each of them severally, my attorneys and attorney, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to the said

John S. Beulick, Reg. No. 33,338
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102.
Telephone No. (314) 621-5070.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: _____ Robert D. Sirois _____

Signature: _____ Date: _____

Residence: _____ Fort Wayne, Indiana 46804 _____

Citizenship: _____ USA _____

Post Office Address: _____ 4430 Isleview Cover, Fort Wayne, Indiana 46804 _____

SECOND JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

THIRD JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FIFTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____